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stay in place and not fall about her face. The reason will be apparent from reference to the next point. The nurse should under no circumstances touch her face with her hands or the sleeve of her gown. And lastly she should never put any article in her mouth, be it pencil, pin, or food, while she is on duty with a typhoid case. This of course means that she must be relieved for her meals for a sufficient time to enable her to remove her gown and cleanse her hands.

I believe that the lowered incidence of typhoid is partly due to the conscientious observance of these fundamental laws on the part of the nursing public. I also believe that there is yet much to be done in the way of educating the nurses and the public to the point of realizing that typhoid fever is a disgrace to our civilization, and of the necessity of destroying the typhoid organism wherever found. It is found in the greatest numbers in the excreta of the typhoid patient.

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## AN EXPERIMENT IN BABY CULTURE

By ELLEN LEE

Graduate of the New York Hospital Training School

Not long ago an electrician, a man holding a good position, and I were discussing the value of college training for his work. On the whole I think he believed that the advantages gained were not proportionately great enough for the time spent. He said that electricity was decidedly freakish, and that formulæ that worked out perfectly on paper often failed dismally when applied. So he concluded that the efficient man is he who, after obtaining splendid training under what must be ideal conditions, keeps the knowledge thus obtained in its own compartment and does not let it crowd against and push shut the open door of the mind.

Babies are not so different from electricity—quite freakish in spots. I agree with the authorities that there are laws in tune with which all babies should be kept, but I am also of the opinion that each baby has individual laws to obey that for him are equally important. To quote the idea but not the exact words of an article on child education appearing in a recent issue of the *Outlook*, we must not forget that a child born into this life is first an individual soul. This article was concerned with the mental and moral training, but the application is perfectly appropriate to our subject. Each little soul is born with his own individual machine to be controlled, namely, his body. I think we, as nurses, have in our conceit, ridden rather hastily and rather rough-shod over mother and baby instinct which, after all, we must respect. I have talked with many struggling young mothers whose babies were wretched, unhappy

infants, living rebellious chaotic little lives. We cold-blooded nurses know that the maternal instinct to shelter offspring from all troubles needs to be balanced by well-rounded intelligence. I think we feel that as nurses our intelligent knowledge of infant needs is not to be questioned, but do we always keep the respect we owe the instincts of baby and mother in the right proportion?

Whereas a few years ago mothers, especially young ones, looked upon nurses as paragons and swallowed dutifully and most flatteringly all the information we could give, now a change in attitude is noticeable, a little doubt of our superiority is beginning to creep in, for after giving our nice pat little rules a trial they often found that instead of the fat, healthy infant, a crying, hungry (?), vomiting article developed. How often a distracted mother has come to me with that half distrustful look in her eyes, and said, "I did everything the nurse told me, wakened him every two hours for feeding, fed him once through the night, and gave him boiled water, etc." There is no gainsaying it, there is much that is bosh in our trained methods of handling infants.

The babe I am going to tell about was born under most unfortunate circumstances. The father had been suddenly killed four months before the baby's birth. The mother, however, was a wise, well-balanced woman, whom it was a pleasure to work with. I speak of this because of the prenatal influences. The four months were tedious and dreadful for her, she kept busy during the day and way into the night, dreading to give up because of the crushing silence of the darkness. The baby was born with a plump, naturally-strong little body, and a lusty cry, which she began to use as soon as she could get her mouth open. After eight hours had elapsed, I began, according to my training, to take her in to the mother for nursing. As soon as the milk came, the baby developed these symptoms: frequent hiccough after feeding, vomiting of semi-digested milk, but not sour, on being awakened for feedings. I was being most conscientious in the two-hour scheme. I noticed the milk came very rapidly, often causing the baby to choke. After watching the babe and mother for a few feedings, I decided to give the mother and baby instinct a larger consideration.

Little things are very important in the art of starting babies correctly, as the following proves. By using a rolled blanket, I raised the baby from the bed so as to change the angle at which the milk flowed into its mouth. The baby was a sturdy nurser and the breasts gave milk easily, so the infant got a constant stream into the back of the throat when nursing in the first position. After a few feedings in the changed position the choking ceased, and very soon all hiccoughing. At the same time I also decided not to waken the baby for

feedings, and I found that if allowed to have her sleep out there was no vomiting, and soon she had established her own periods of sleep, bringing her feedings about every three and one-half hours. Her last feeding came between nine and ten-thirty, depending on the time she had awakened in the morning. Usually she was not fed again until after five in the morning, so she had about seven feedings in the twenty-four hours, instead of ten as most books advise. She certainly began to gain rapidly as soon as this routine to her own liking was well established.

I bathed her at about five in the afternoon, and after the warm tubbing I laid her on a pillow and gently rubbed her back and the soles of her feet with very cold water. After drying her, I rubbed her body well with pure coconut oil—olive oil seemed heating to her skin. Instead of gasping when the cold water was used, that was the time for her to hush the bath yells, and before she was three weeks old she was grunting with delight from that time until I began to put on her clothes.

There were many things I was taught to do that I did not do, and I will enumerate them with my reasons. This baby was born in a private home of clean parents, which is an entirely different condition from that of the infants and mothers cared for in the big maternity hospital where I was trained, and so I never once used boracic acid solution in the baby's mouth, nor put my finger in. If the tongue or gums looked a little white, I gave her a little cold water, not boiled. I see no reason why infants should have all the positive qualities taken out of their drinks. The mother's nipples I bathed twice daily with warm water and pure castile soap, massaging very gently. I did not wash the nipples after nursing because of the healing properties of the saliva from the baby's mouth. The mother told me she had never had the nipples harden so rapidly. The baby's eyes were inclined to be a little red, but one or two applications of good vaseline healed them.

I think I discovered why the natural instinct of the mother to nurse the infant when it cries is so strong. Quite casually the mother said to me, one time when the baby began to cry, that on hearing the cry she felt the milk rush into her breasts. So it seems the cry appeals to the mother in such a way as to start the flow of milk. Possibly all who read this have known this fact, but it was entirely new to me.

Another mistake I think the obstetrical nurse makes is the rather confusing method of preparing for the confinement in a home. I think I am correct in saying that sterilizing under 15 pounds pressure of steam has been fully demonstrated to be the only method whereby the goods is rendered sterile in the true sense. So when a nurse goes into a home, does up her sheets, etc., and gives them a nice warming in an

oven or a boiler, she not only deceives herself but she is misusing a sacred privilege of education along the special line which is hers. Instruments, towels, vulva pads, dressings, should be truly sterile. The sheets do not need to be. Great care should be taken not to confuse "sterile" with "clean" in the minds of those we are trying to teach the value of the technical side of nursing.

To sum up, these are some of the important points along the baby route:

Feedings, the number, amount, etc., should depend entirely upon the condition of the infant and mother, the richness of the milk, the amount held by the breasts, and the hard or easy flow. I cannot lay too much emphasis on this last point. I believe many children are little dyspeptics because this condition is not studied. If the baby is weak and the breasts give the milk hard, you must start the flow with gentle massage before putting the infant to the breast, and must allow it to nurse for a longer period than you would a stronger child. If you have, as with my patient, a breast giving milk freely, and a hearty nurser, you must be ingenious and in some way arrange matters so that the child will get the feedings more slowly.

I believe it is best never to awake a healthy child for feeding; a weak baby, of course, has to be handled differently. A weak infant will often have to nurse as often as once in one and a half hours, as such a child takes so little at one feeding. If you carefully explain to the mother why the period between feedings should be at least one and a half hours, and call her attention to the physiological effect which the cry of the baby has on the flow of the milk, she will understand.

And so it is the same old story, the three years' training, which we went through to fit us for the nursing of the sick and the instruction of the well as to how to keep well, is not to be literally followed unless we combine with it the use of our common-sense.

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## **"WHY?"**

By RUBY I. McLEAN

Angelus Hospital, Los Angeles

"Is my baby a boy?"

They were the first words the little woman spoke as she came out from the Valley of the Shadow, back to life and consciousness. She turned toward me a face of happy expectancy, a face sweet, gentle, and young, though marred for the time with lines of pain.